## **Tips**

Press TAB to go to next field, or use mouse to position cursor in desired field, and click to enter text.

Press shift + tab to return to previous field.

You can select the page you wish to view or work on by clicking on that page in the "Bookmarks" panel on this window's left panel.

## **Notice**

If you have Adobe® Acrobat® Reader® versions 4.0 or 5.0, you can save a blank form to your computer, which you can fill out at your leisure.

However, Acrobat Reader does not allow you to save a completed form. If you close a file into which you have just entered data, you will lose that data. You must print out the completed form before you close the file. Mail the completed printout to the address noted on the form (remember to keep a printed copy for your records).

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**Do NOT** e-mail completed forms to Workers' Compensation; the data on e-mailed forms is not protected.

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State of New Jersey Department of Labor Division of Workers' Compensation PO Box 381 Trenton, New Jersey 08625-0381		ORDER APPROVING SETTLEMENT WITH DISMISSAL N.J.S.A. 34:15-20						
P E T I T I O N E R	SOCIAL SECURITY NUMBER  NAME  ADDRESS  COUNTY		A T T O R N E Y F O R	P E T I T I O N E R	FEDERAL EMPLOYER IDENTIFICATION NUM (If none insert Social S NAME  ADDRESS	MBER		
	VS				TELEPHONE (Area Co	· 		
R E S P O N D E N T	NAME  ADDRESS  COUNTY  FEDERAL EMPLOYER IDENTIFICATION NUMBER OR  NEW JERSEY REGISTRATION NUMBER		ATTORNEY FOR	R E S P O N D E N T	CHECK IF:  NAME  ADDRESS  TELEPHONE (Area Co	SELF-INSURED	NOT COVERED	

This is a lump sum settlement between the parties in the amount of \$

dollars

pursuant to N.J.S.A. 34:15-20 which has the effect of a dismissal with prejudice, being final as to all rights and benefits of the petitioner and is a complete and absolute surrender and release of all rights arising out of this/these claim petition(s). The payment hereunder shall be recognized as payments of workers' compensation benefits for insurance rating purposes only.

The parties agree that this settlement does not contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

Order For Distribution Attached

ALLOWANCES							
MEDICAL FEES & COSTS	TOTAL ALLOWED	BY PETITIONER	BY RESPONDENT				
ATTORNEY FEES							
STENO FEES							

## STENOGRAPHIC SERVICE

REASON FOR SEC. 20

We hereby consent to the entry of this Order and acknowledge receipt of it:

ATTORNEY FOR PETITIONER

ATTORNEY FOR RESPONDENT

PETITIONER

After considering all the circumstances, I find this settlement fair and just.

DATE B

JUDGE OF COMPENSATION

OTHERS, WHERE APPLICABLE:

WC(DO)-370 (R 3/01)